

STATE OF NEW HAMPSHIRE

Filing fee: \$35.00
Use black print or type.

Form No. FLLP 2
RSA 304-A:48

NOTICE OF CHANGE IN REGISTRATION OF A
FOREIGN REGISTERED LIMITED LIABILITY PARTNERSHIP

TO THE SECRETARY OF STATE OF THE STATE OF NEW HAMPSHIRE

PURSUANT TO THE PROVISIONS OF THE NEW HAMPSHIRE LIMITED LIABILITY PARTNERSHIP LAWS, THE UNDERSIGNED HEREBY SUBMITS THE FOLLOWING STATEMENTS FOR NOTICE OF CHANGE:

FIRST: The name under which the foreign registered limited liability partnership was registered in New Hampshire is _____

SECOND: The date the foreign limited liability partnership was originally registered in New Hampshire was: _____

THIRD: The new name and/or new information is: _____

NOTICE OF CHANGE IN REGISTRATION FOR A
FOREIGN REGISTERED LIMITED LIABILITY PARTNERSHIP

Form No. FLLP 2
(Cont.)

(foreign registered limited liability partnership
name as presently recorded in New Hampshire)

Dated _____, _____

(Exact present name of foreign registered limited liability partnership)

* _____
(Signature of partner)

(Type or print name of person signing)

Complete address of person signing:

(Phone Number)

(Email Address)

* Must be executed by one or more partners authorized to execute the document. If the partner executing the document is other than a natural person, the document shall be executed on the partner's behalf by a general partner of a limited partnership, an officer of a corporation, a member or manager of a limited liability company, or a person authorized by law to execute on behalf of the partner.

An **ORIGINAL** certificate of existence or good standing must accompany this application. (Photocopies or fax copies will not be accepted.) The certificate must be duly authenticated within 60 days of the filing of this application by the proper official of the state or country under the laws of which the limited liability partnership was formed. (A certificate of good standing regarding taxes from a state department of revenue administration is not acceptable.)

Mail fee, DATED AND SIGNED ORIGINAL AND CERTIFICATE OF EXISTENCE OR GOOD STANDING to: Corporation Division, Department of State, 107 North Main Street, Concord NH 03301-4989.